OR

Declaration

Filing

Submitted

with Initial

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

Declaration

required)

Submitted after Initial

Filing (surcharge

(37 ČFR 1.16 (e))

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Attorney Docket Number 1/1159 First Named Inventor Patrick HETTRICH COMPLETE IF KNOWN Application Number 10 / 001,527 Filing Date October 24, 2001 Group Art Unit Examiner Name

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ATOMISER FOR FLUIDS the specification of which (Title of the Invention) is attached hereto was filed on (MM/DD/YYYY) 10/24/2001 \mathbf{Z} as United States Application Number or PCT International Application Number 10/001,527 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Priority **Prior Foreign Application** Foreign Filing Date Not Claimed Country Number(s) (MM/DD/YYYY) YES 200 18 518.7 Germany 10/28/2000 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: . 119(e) of any United States provisional application(s) listed below Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Я

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLA	RATION	<u> </u>	<u>- Ut</u>	ility	<u>or</u>	<u>De</u>	sigr	Pate	nt A	<u>qq</u>	licatio	<u>n</u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.												
U.S. Pare	U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				nt Patent N if applicab	
	, , , , , , , , , , , , , , , , , , ,				, , , , , , , , , , , , , , , , , , ,				(supplied to the supplied to			
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the and Trademark Office connected therewith: Customer Number 287501 Place Customer Number Bar Code UNRegistered practitioner(s) name/registration number listed below								mer Code				
N				Regist				Nam				tration
Robert P. Raymo Alan R. Stempel Mary-Ellen M. De Anthony P. Bottin	ond 25,089 28,991 evlin 27,928				iger		Susan K. Pocchiari 45,016 Philip I. Datlow 41,482 Timothy X. Witkowski 40,232					
Additional registered	practitioner(s) na	med or	n supple	emental	Registere	d Prac	titioner In	formation sh	eet PTO/SE	3/02C	attached here	to.
Direct all correspondence to: Customer Number or Bar Code Label 28501 OR Correspondence addres						ress below						
Name												
Address			_		•			<u> </u>			<u> </u>	
Address					·	.		· · · · · · · · · · · · · · · · · · ·			_	
City	·					tate		ZIP				
Country			Те	lepho	ne				Fax			
believed to be true; and punishable by fine or in	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										o made are	
Name of Sole or F	irst Inventor						A petitio	n has been	filed for t	his u	nsigned inve	ntor
Given Nar	ne (first and mid	ddle [if	any])			$oxed{\Box}$		Famil	y Name o	r Su	name	
Patrick						HE	TTRIC	H				
Inventor's Signature	Patr detr								Date	1/24/02		
Residence: City	Ingelheim state					country Germany				Citizenship	DE	
Post Office Address	Matthias Gr	uene	wald	Stras	se 1					_		
Post Office Address	1											
City	Ingelheim State zı				p 55218 co			Count	Country Germany			
Additional invento	rs are being na	med o	n the	1 sı	pplemer	ital Ac	lditional	Inventor(s)	sheet(s)	 PTO/	SB/02A attac	ched heret

PTO/SB/02A	(3-97)
------------	--------

Please type a plus sign (+) inside this box ->

ŗ; ী P

Approved for use through 9/30/98. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

	· · · · · · · · · · · · · · · · · · ·											
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									entor			
Given Name (first and middle [if any])					Family Name or Surname							
Peter												
Inventor's Signature	Pet rop							Date	/	1.18.02		
Residence: City	Biberach /	State		c	ountry	Germany		Citizensh	nip	DE		
Post Office Address	Kapellenweg 16											
Post Office Address	a Address											
City	Germany	State			ZIP	88400	Country	Germ	any			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor												
Given Na	me (first and middle [if any])				Family Name or Surname						
Inventor's Signature										Date		
Residence: City		State			Country			Citizer	ship			
Post Office Address												
Post Office Address								·				
City		State			ZIP		Cour	ntry				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									entor			
Given Name (first and middle [if any])					Family Name or Surname							
Inventor's Signature								Da	te			
Residence: City		State	<u> </u>		Country			Citizer	nship			
Post Office Address												
Post Office Address					· · · · · · · · · · · · · · · · · · ·		- ,					
City		State			ZIP			Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Case No.

1/1159